



03-01-67

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PTO/SB/21 (07-06)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/672,396

Filing Date

September 26, 2003

First Named Inventor

Santi, Daniel V.

Art Unit

1656

Examiner Name

Hope A. Robinson

Attorney Docket Number

020547-003610US

**ENCLOSURES** (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment (29 pp.).                   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund  | Enclosures (Capon v. Eshhar and Falkner v. Inglis) (2);                                 |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                       | Computer Readable Format of Sequence Listing (1 disk);                                  |
|   | <input type="checkbox"/> Landscape Table on CD   | Paper Copy of Sequence Listing (32 pp.); and,   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           |  | Return Postcard.  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <b>Remarks</b>   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Randolph T. Apple

Date

February 27, 2007

Reg. No.

36,429

**CERTIFICATE OF MAILING**

Express Mail Label No. EV 656 877 237 US